

12-18-01

Please type a plus sign (+) inside this box \*

Approved for use through 12/30/2000. OMB 0651-0033

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

## **DIVISIONAL REISSUE PATENT APPLICATION TRANSMITTAL**

					A44	leat Ala	MTO 5	201105			
					Attorney Docket No.		MTS-520US5				
Address to	BROADEN	NED REISSU	<u> </u>		First Named Inventor		Mitsuaki Oshima				
	Assistant Box Pater	Commission	er for Patents	; <u> </u>	Original Pate		5,761,3	301 -			
		t Application on, DC 20231			Original Patent Issue Date (Month/Day/Year)		June 2, 1998				
,					Express Mail Label No. EL741592749US						
APPLICATION FOR REISSUE OF: (check applicable box)  Utility Patent Design Patent Plant Patent											
APPL	ICATION ELE	MENTS (37	CFR 1.173)		ACCOMPANYING APPLICATION PARTS						
(Sub	e Transmittal Forn Innit an original, and Iicant claims smal	ee processing)	7.	7. Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).  8. Original U.S. Patent for surrender							
	cification and Clair at (amended, if a		column copy of p	atent	Ribboned Original Patent Grant  Statement of Loss (PTO/SB/55)  9. Foreign Priority Claim (35 U.S.C. 119)						
l —	ving(s) (proposed		f appropriate)								
5. Substitute Reissue Oath / Declaration (original or copy) and copy of Defective Declaration (37 C.F.R. § 1.175)(PTO/SB/51 or 52) 6. Original U.S. Patent currently assigned?					9.  Foreign Priority Claim (35 0.S.C. 719)  (if applicable)  10.  Information Disclosure						
⊠ Yes		,									
	. [] NO				11 English Translation of Reissue Oath/Declaration (if applicable)						
(If Yes, ci	neck applicable bo	ox(es))			12. Preliminary Amendment						
Written Consent of all Assignees (PTO/SB/53)					13. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)						
⊠ 37 C	.F.R. § 3.73(b) Sta	atement	Power of		14. Other: Copy of Offer to Surrender;						
	(PTO/SB/96) Attorney										
,	,		•								
			14. CORRI	ESPO	NDENCE AL	DDRESS					
Customer Number or Bar Code Label  (Insert Customer No. or Attach bancode label neee)											
Name	Name Allan Ratner										
P.O. Boy 980											
Address											
City	Valley Forge	ı		PA 610) 40	7.0700	Zip (	Code Fax	19380 (610) 407-0701			
NAME	(Print/Type)	Allan Ratner		<b>X</b> _	Registration	No. (Attorney/Age	nt)	19,717			
Signature		<u> </u>	1/1/ 1/			Date		December 7, 2001			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **DIVISIONAL REISSUE APPLICATION FEE** TDANGMITTAL EODM

Docket Number (Optional) MTS-520US5

		IKANSIVII	IIAL	FURIN							
				Claims a	s File	ed - Part 1					
Claims in			Numb	er Eiled in		(2)	Small Entity		Other than a Small Entity		
Patent			Number Filed in Reissue Application		(3) Number Extra		Rate	Fee		Rate	Fee
(A) 43	Total Claims		(B) 08		* 00					X\$	
(C) 07		FR 1.16(j)) ependent	(D) 02		* 00 =		X\$ =		0	=	£
(-,		37 CFR 1.16(i))	(-)		=	Ve			X\$		
							X\$  =			=	
				Basic Fee (37 CFR 1.16(h			R 1.16(h	)) \$		\$ <u>740.00</u>	
				Total Filing Fee			e	\$		OR	\$ 740.00
		<b>T</b>	1	Claims as	Amer	nded - Par	2		_		
		(1) Claims Remaining		(2) Highest Nun		(3)	Sma	II Entity		Other than a Small Ent	
		After Amendment		Previousl Paid For	y Claims		Rate	Fee	Fee	Rate	Fee
Total Clair	ms					*	V.0		o r		
(37 CFR 1.16		***	MINUS	**		=	X\$  =			X\$ =	
Independent Claims (37 CFR 1.16(i))		***	MINUS	****		=	X\$ =			X\$ =	
				Total Additional Fe			al Fee	\$		OR	\$
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.  ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.  *** After any cancellation of claims  **** If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20).  ****** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).  Applicant claims small entity status. See 27 CFR 1.27.											
Please charge Deposit Account No in the amount of  A duplicate copy of this sheet is enclosed.											
☑ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 18-0350.  A duplicate copy of this sheet is enclosed.											
$\boxtimes$ A check in the amount of \$ $740.00$ to cover the filing / additional fee is enclosed.											
Payment by credit card. Form PTO-2038 is attached.											
WARNING: Information on this form may become public. Credit care information should not be included on this form. Provide credit card information and authorization on form PX0-2038											
December 7, 2001											
Date				Signature of Applicant, Attorney or Agent of Record							
$\sim$											
	Allan Ratner, Reg. No. 19,717										
	Typed or printed name										

Burden Hour Statement This form is estimated to take 0 2 hours to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U S. Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Washington, DC 20231

CERTIFICATE OF MAII Applicant(s): M. Oshima e	Docket No.							
O- d-I N-		<u> </u>		MTS-520US5				
Serial No.	Filing Date	Examiner		Group Art Unit				
To Be Assigned	Herewith							
Invention: MARK FORMING APPARATUS, METHOD OF FORMING LASER MARK ON OPTICAL DISK, REPRODUCING APPARATUS, OPTICAL DISK AND METHOD PRODUCING OPTICAL DISK								
I hereby certify that the fo	llowing correspondence:							
Reissue Divisional App	lication and its related enclos	sures						
	(Identify type of	correspondence)						
Is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to:  The Assistant Commissioner for Patents, Washington, D.C. 20231 on December 7, 2001  Kathleen Libby  (Typed or Printed Name of Person Mailing Correspondence)  (Signature of Person Mailing Correspondence)  EL741592749US  ("Express Mail" Mailing Label Number)								
Note: Each paper must have its own certificate of mailing.								